

<b>Case Number:</b>	CM14-0012062		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/04/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and Pulmonary Diseases and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The injured worker is a 61-year-old female with a reported date of injury on 01/04/2013. The mechanism of injury was noted to be cumulative trauma. Her diagnoses were noted to include cervical/trapezial musculoligamentous sprain/strain, myofascial pain syndrome, thoracolumbar musculoligamentous sprain/strain with radiculitis, bilateral shoulder parascapular strain with bursitis, tendonitis, impingement syndrome, left elbow lateral epicondylitis, left wrist sprain/strain with cyst formation, flexor tenosynovitis, left knee patellofemoral arthralgia, left ankle sprain/strain with plantar fasciitis, and headaches. Her previous treatments were noted to include acupuncture, OrthoStim utilization, medications, and a home exercise program. The progress note dated 01/09/2014, revealed the injured worker reported she had seen her primary medical doctor and was diagnosed with fatty liver, diabetes mellitus type 2, and hypertension. The injured worker complained of right upper quadrant pain and denied gastrointestinal upset with medications. The injured worker complained of local neck pain with associated headache, midline back pain, and parascapular pain. Physical examination of the lumbar spine revealed paravertebral muscles with tenderness to palpation, positive straight leg raise, and the bilateral shoulders had positive impingement syndrome, and positive subacromial tenderness to palpation. The Request for Authorization form was not submitted within the medical records. The request is for consultation with an internal medicine specialist for diabetes mellitus type 2 and hypertension.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**CONSULTATION WITH AN INTERNAL MEDICINE SPECIALIST: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 7- INDEPENDANT MEDICAL EXAMINATIONS AND CONSULTATIONS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM 2nd Edition American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6, page 163.

**Decision rationale:** The Expert Reviewer's decision rationale: The request for consultation with an internal medicine specialist is not medically necessary. The injured worker had seen her primary medical doctor who diagnosed her with diabetes mellitus type 2 and hypertension. The CA MTUS/ACOEM guidelines state that if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in advisory capacity that may sometimes take full responsibility for investigating and/or treating an injured worker with the doctor/patient relationship. There is a lack of clinical documentation to warrant an internal medicine consultation. The injured worker revealed she had seen her primary medical doctor and therefore, an additional internal medicine doctor is not warranted at this time therefore, this request is not medically necessary.